



Washington State Department of

Early Learning

**Child Care Center
Director/Program Supervisor
Notice of Change**

**Please complete the following information regarding changes in your facility and return to your licensor at
The Department of Early Learning.**

Facility Name:	Provider ID #:	Date:
Facility Address:	City:	State: Zip Code: WA
Facility 10 digit Telephone Number:		

Check the Applicable Box Below

☐ **Additions to License**

New Director's Name:	Date Started as Director:	Date of Birth:
New Program Supervisor's Name:	Date Started as Program Supervisor:	Date of Birth:

☐ **Deletions to License**

Director Name:	End Date as Director:
Program Supervisor Name:	End Date as Program Supervisor:

COMMENTS:

☐ DEL Orientation ☐ References, resume, and transcript attached. ☐ Date